

SERIAL NUMBER	FILING DATE	CLASS	GROUP ART. NO.	ATTORNEY DOCKET NO.
09/409,242	09/30/99	705	2761	RVZ-001.01

APPLICANT

RAHUL R. VAID, NEW YORK, NY.

S. W.
#7
9.18.02

****CONTINUING DOMESTIC DATA*******

VERIFIED PROVISIONAL APPLICATION NO. 60/150,994 08/27/99

None-RWM

****371 (NAT'L STAGE) DATA*******

VERIFIED

None-RWM

****FOREIGN APPLICATIONS*******

VERIFIED

None-RWM

IF REQUIRED, FOREIGN FILING LICENSE GRANTED 10/20/99 ** SMALL ENTITY **

Foreign Priority claimed 35 USC 119 (a-d) conditions met	<input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance	STATE OR COUNTRY	SHEETS DRAWING	TOTAL CLAIMS	INDEPENDENT CLAIMS
Verified and Acknowledged	<u>RWM</u> Examiner's Initials	NY	24	49	5

ADDRESS

PATENT GROUP
FOLEY HOAG & ELIOT LLP
ONE POST OFFICE SQUARE
BOSTON MA 02109-2170

TITLE

PRE-PAID AIRLINE TICKETS

FILING FEE RECEIVED	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT NO. _____ for the following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit
\$719		



UNITED STATES PATENT AND TRADEMARK OFFICE

COMMISSIONER FOR PATENTS
UNITED STATES PATENT AND TRADEMARK OFFICE
WASHINGTON, D.C. 20231
www.uspto.gov



Bib Data Sheet

CONFIRMATION NO. 5090

SERIAL NUMBER 09/409,242	FILING DATE 09/30/1999 RULE	CLASS 705	GROUP ART UNIT 3626	ATTORNEY DOCKET NO. 61582-00001USPT
APPLICANTS RAHUL R. VAID, NEW YORK, NY;				
** CONTINUING DATA ***** THIS APPLN CLAIMS BENEFIT OF 60/150,994 08/27/1999				
** FOREIGN APPLICATIONS *****				
IF REQUIRED, FOREIGN FILING LICENSE GRANTED** SMALL ENTITY ** ** 10/20/1999				
Foreign Priority claimed <input type="checkbox"/> yes <input type="checkbox"/> no 35 USC 119 (a-d) conditions <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after met Allowance		STATE OR COUNTRY NY	SHEETS DRAWING 24	TOTAL CLAIMS 49
Verified and Acknowledged _____ Examiner's Signature Initials			INDEPENDENT CLAIMS 5	
ADDRESS Gary B. Solomon Jenkins & Gilchrist P. C. Suite 3200 1445 Ross Avenue Dallas ,TX 75202-2799				
TITLE PRE-PAID AIRLINE TICKETS				
FILING FEE RECEIVED 719	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:		<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit	